

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Title::                          | Hand-Held Surgical Instrument with<br>Illuminated Keypad |
| Attorney Docket Number::         | 3772P028   |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | Yes  |
| Total Drawing Sheets::           | 5  |
| Small Entity?::                  | No   |

### **APPLICANT INFORMATION**

|   |                    |
|---|--------------------|
| Applicant Authority Type::              | Inventor           |
| Primary Citizenship Country::           | US                 |
| Status::                                | Full Capacity      |
| Given Name::                            | Erik               |
| Middle Name::                           | F. D.              |
| Family Name::                           | Todd               |
| City of Residence::                     | Redwood City       |
| State or Province of Residence::        | CA                 |
| Country of Residence::                  | US                 |
| Street of mailing address::             | 5900 Optical Court |
| City of mailing address::               | San Jose           |
| State or Province of mailing address::  | CA                 |
| Country of mailing address::            | US                 |
| Postal or Zip Code of mailing address:: | 95138              |

### **CORRESPONDENCE INFORMATION**

|                                 |       |
|---------------------------------|-------|
| Correspondence Customer Number: | 08791 |
|---------------------------------|-------|

**REPRESENTATIVE INFORMATION**

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Primary                      | 39602                 | Jordan M. Becker      |

**ASSIGNEE INFORMATION**

|   |                     |
|---|---------------------|
| Assignee name::                         | Stryker Corporation |
| Street of mailing address::             | 2725 Fairfield Road |
| City of mailing address::               | Kalamazoo           |
| State or Province of mailing address::  | MI                  |
| Country of mailing address::            | US                  |
| Postal or Zip Code of mailing address:: | 49002               |